PTO/SB/05 (08-03)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office. U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## UTILITY PATENT APPLICATION **TRANSMITTAL**

Attomey Docket No.	TS0916.D2
First Inventor	SMITS, Josef Jacobus Titu
Title	A Process for the Manufacture of Glycidylester
Express Mail Label No.	ET 220 356 542 US

(Only for new nonp	(Only for new nonprovisional applications under 37 CFR 1.53(b))		ET 220 356 542 US						
	LICATION ELEMENTS 00 concerning utility patent application contents.	ADDRESS TO:  Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria VA 22313-1450							
1.		7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)  8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)  a. Computer Readable Form (CRF)  b. Specification Sequence Listing on:  i. CD-ROM or CD-R (2 copies); or  ii. Paper  c. Statements verifying identity of above copies							
- Claim(s)		ACCOMPANYING APPLICATION PARTS							
- Claim(s) - Abstract of the Disclosure  4.		9. Assignment Papers (cover sheet & document(s)) 10. 37 CFR 3.73(b) Statement Power of (when there is an assignee) Attorney 11. English Translation Document (if applicable) 12. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations 13. Preliminary Amendment 14. Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. Other:  Art Unit: 1712 e prior application, from which an eath or declaration is supplied under Box							
	19. CORRESPON	DENCE ADDRESS							
Customer Num	nber: 33249	OR Correspondence address below							
Name									
Address									
City		State	Zip Ço	de					
Country	. 7	elephone	Fax						
Name (Print/Type) Lisa Kimes Jones Registration No. (Attorney/Agent) 41878  Signature Date 5-5-2004									

This collection of information is required by 37 CFR /53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/17 (08-03)
Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE o a collection of information unless it displays a valid OMB control number. Under the Paperwork Reduction Act of 1995, no persons are required to respond to

FEE TO A NOMITTAL			Complete if Known						
FEE TRANSMITTAL	<b>-</b> [	Application Number							
for EV 2002			Filing Date			5-5-2004			
for FY 2003			First Named Inventor SMI			SMITS, .	IITS, Josef Jacobus Titus		
Effective 01/01/2003. Patent fees are subject to annual revision.		Examiner Name Sellers			Sellers, l	s, Robert			
Applicant claims small entity status. See 37 CFR 1.27	Art Unit 1712			1712					
TOTAL AMOUNT OF PAYMENT (\$) 770.00	[	Attorney Docket No. TS0916			rS0916	D2			
METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)								
Check Credit card Money Other None	3. ADDITIONAL FEES Large Entity   Small Entity								
Deposit Account:	Fee	Fee		Entity Fee		F 0			
Deposit Account 50-1863			Code			ree D	escriptio	n	Fee Paid
Number	1051		2051			_	iling fee or		
Deposit Account Lisa Kimes Jones	1052	50	2052		cover s		orovisional i	filing fee or	
Name The Director is authorized to: (check all that apply)	1053		1053			nglish spec			
Charge fee(s) indicated below	1812 1804	2,520	1812 2	•				rte reexamination	
Charge any additional fee(s) during the pendency of this application	1804	920*	1804			ner action	cation of SII	K phor to	<b></b>
Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.	1805	1,840*	1805	1,840*		sting publi ner action	cation of SI	IR after	
FEE CALCULATION	1251	110	2251	55	Extens	ion for rep	ly within fire	st month	
1. BASIC FILING FEE	1252		2252	205	Extens	sion for rep	oly within se	econd month	
Large Entity Small Entity Fee Fee Fee Fee Description Fee Paid	1253		2253			•	oly within th		
Fee Fee Fee Fee Paid Code (\$) Code (\$)		1,450	2254	725			-	urth month	
1001 750 2001 375 Utility filing fee 770.00		1,970	2255			•	oly within fif	th month	
1002 330 2002 165 Design filing fee	1401		2401			of Appeal			
1003 520 2003 260 Plant filing fee	1402 1403		2402 2403		_	a briet in si st for oral l	upport of ar	n appeal	
1004 750   2004 375   Reissue filing fee		1,510			-		-	use proceeding	
SUBTOTAL (1) (\$) 770.00	1452		2452				- unavoida	-	
	1453	1,300	2453	650	Petitio	n to revive	- unintentio	onal	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1501	1,300	2501	650	Utility i	issue fee (	or reissue)		
Extra Claims below Fee Paid  Total Claims 5 -20** = 0 x =	1502		2502	235	Design	n issue fee	1		
Independent 1 311 - 0	1503		2503			issue fee			
Claims -3 = 0 ^ -1	1460 1807		1460 1807				Commission		<u> </u>
Large Entity   Small Entity	1806		1806				under 37 CF	Disclosure Stmt	
Fee Fee Fee Fee Description Code (\$) Code (\$)	8021		8021					gnment per	
1202 18 2202 9 Claims in excess of 20					propen	ty (times n	iumber of p	roperties)	<b>   </b>
1201 84 2201 42 Independent claims in excess of 3	1809	750	2809	375		a submissi FR 1.129(a	ion after fina i))	ai rejection	
1203 280 2203 140 Multiple dependent claim, if not paid	1810	750	2810	375			nal inventio		] <b> </b>
1204 84 2204 42 ** Reissue independent claims over original patent		1 750	2801	375		•	٠,	mination (RCE)	[
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent	1802	900	1802	900		est for exp esign appli	pedited exami	mination	
SUBTOTAL (2) (\$) 0.0	Othe	r fee (sp	ecify) _						
**or number previously paid, if greater; For Reissues, see above	*Red	luced by	Basic F	iling Fe	ee Paid	SI	JBTOTAL	_ (3) (\$)	
SUBMITTED BY (Complete (if applicable))									
Name (Print/Type) Lisa Kimes Jones		Registration No. 41878				Telephone	832 366-2571		
Signature		LANGINGY/	- wadu				Date	5-5-2004	

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.